

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235479	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER REGENCY AT LIVONIA		STREET ADDRESS, CITY, STATE, ZIP 14900 MIDDLEBELT RD LIVONIA, MI 48154	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0657 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation refers in part to intake MI 346. Based on interview and record review the facility failed to ensure the care plan was updated to reflect the resident's use of oxygen for one sampled resident (R901) of three reviewed for respiratory care resulting in the potential for unmet care needs. Findings include: A review of the facility records for R901 revealed: R901 was admitted into the facility on [DATE]. [DIAGNOSES REDACTED]. R901 was discharged to the hospital due to respiratory distress on 01/14/19. The Minimum Data Set (MDS) assessment dated [DATE] indicated intact cognition, the need for extensive assistance of one or two persons for bed mobility, transfer, dressing and toilet needs and the need for supervision of one for hygiene. Eating required set up only. A nurse progress noted dated 1/9/2020 at 11:40 AM revealed, Writer noticed resident in room with labored breathing and SOB (shortness of breath). Pulse ox (Oxygen level in blood) 84% BP (blood pressure)143/69, HR (heart rate)101 T (temperature) 98.9. MD (doctor) notified and saw resident. MD ordered resident be placed on oxygen via nasal cannula, a breathing treatment and a stat CXR (chest x-ray). Oxygen and breathing (treatment) administered and pulse ox increased to 94%. A physician order [REDACTED]. A physician note dated 01/10/20 and 01/13/20 indicated noncompliance with the use of the oxygen and the patient appeared comfortable. A review of the care plan revealed a respiratory care plan without a revision for the oxygen and no interventions for the use of or noncompliance with the oxygen. On 03/11/20 at 3:20 PM, an interview was conducted with the Director of Nursing (DON) who was asked about the oxygen use missing from the nursing care plan for R901 and reported it should be in the care plan for the resident. The DON also indicated that the facility did not have a policy specific for revision, but did have a policy for the comprehensive care plan. This policy was requested but not received prior to survey exit.		
F 0775 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep complete, dated laboratory records in the resident's record. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation refers in part to intake MI 346. Based on interview and record review the facility failed to ensure physician ordered labs were completed for one sampled resident (R901) of three reviewed for respiratory care resulting in the potential for unmet care needs and diagnostic labs not completed. Findings include: A review of the facility records for R901 revealed: R901 was admitted into the facility on [DATE]. [DIAGNOSES REDACTED]. R901 was discharged to the hospital due to respiratory distress on 01/14/19. The Minimum Data Set (MDS) assessment dated [DATE] indicated intact cognition, the need for extensive assistance of one or two persons for bed mobility, transfer, dressing and toilet needs and the need for supervision of one for hygiene. A physician extender note dated 01/07/20 indicated Continue to encourage compliance and cooperation with treatment regimen and becoming more active and not refusing physical therapy. We will check baseline labs .to ensure no deficiencies .Fatigue. A physician/provider entered order dated 01/07/20 revealed: CBC (Complete Blood Count) CMP (Complete Metabolic Panel) Mg (Magnesium), Vitamin B12, Ammonia level (fatigue). A nurse progress noted dated 1/9/2020 at 11:40 AM revealed, Writer noticed resident in room with labored breathing and SOB (shortness of breath). Pulse ox (Oxygen level in blood)84% BP (blood pressure)143/69, HR (heart rate) 101 T (temperature) 98.9. MD (doctor) notified and saw resident. MD ordered resident be placed on oxygen via nasal cannula, a breathing treatment and a stat CXR (chest x-ray). Oxygen and breathing (treatment) administered and pulse ox increased to 94%. A physician note dated 01/10/20 01/13/20 indicated noncompliance with the use of the oxygen and the patient appeared comfortable. On 03/11/20 at 3:20 PM, an interview was conducted with the Director of Nursing (DON) who was asked about the lab results missing from the record for R901 and reported it should be in the record for the resident, but upon review it had not been completed. The process for lab draws was reviewed with the DON who noted on query that there was no documentation that the lab draw had been completed or refused by R901. On 03/11/20 at 4:07 PM, the first floor unit manager was asked to locate the labs results for the order dated 01/07/20 and they could not be found. A review of the facility policy titled, Physician Orders dated released 2/2015 revealed, Purpose: Physician orders are obtained to provide a clear direction in the care of the resident. An order that is not required to be documented on the MAR (Medication Administration Record) or TAR (Treatment Administration Record) must be followed up per facility policy.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.